## Edgar Filing: DRAIME JEFFREY P - Form 4

DRAIME JE	FFREY P											
Form 4												
February 17,	2011											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMERION	т	OMB APPROVAL			
							ONIB	3235-0287				
Check thi	s box		vv as	inington,	D.C. 203	549			Number:	January 31,		
if no long subject to	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: 2005 Estimated average					
Form 4 or					SECONTIES					burden hours per response 0.5		
Form 5	Filed p	oursuant to	Section 16	b(a) of the	e Securiti	ies Ez	chang	ge Act of 1934,	100001100	0.0		
obligatior may conti		7(a) of the	Public Ut	ility Hold	ing Com	pany	Acto	f 1935 or Sectio	n			
See Instru		30(h)	) of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person <u>*</u> DRAIME JEFFREY P			2. Issuer Name <b>and</b> Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer				
	•	STONERIDGE INC [SRI]				(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cnec	ck all applicable	e)		
8700 E MARKET ST 02/15/2			(Month/D	th/Day/Year)				X Director 10% Owner				
			$\frac{02/15/2011}{\text{below}}$					Officer (give below)	vive title Other (specify below)			
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting Po	erson		
WARREN,	OH 44484								More than One R			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction						5. Amount of	6. Ownership 7				
Security (Instr. 3)	(Month/Day/Y	ear) Executi any	ion Date, if	on Date, ifTransactionAcquired (A) or CodeCodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Form: Direct (D) or	Indirect Beneficial			
(		•	/Day/Year)					Owned I	ndirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common				0000	. mount		1100					
Shares,	02/15/2011			А	3,800	А	\$0	11,740	D			
without par value	02/13/2011			Λ	(1)	Λ	ψU	11,/40	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	Date Exercisable and opiration Date Month/Day/Year)		e and nt of lying ties 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DRAIME JEFFREY P 8700 E MARKET ST WARREN, OH 44484	Х						
Signatures							
/s/ Robert M. Loesch, by power attorney	r of	02/	17/2011				

<u>\*\*</u>Signature of Reporting Person

Date

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Restricted Common Shares granted to the Reporting Person pursuant to the Directors' Restricted Shares Plan, vesting February 15, 2012.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.